

National Institutes of Health
Warren Grant Magnuson Clinical Center
Nursing & Patient Care Services

Policy: Credentials Verification of Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants

All Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants providing patient care under the auspices of Nursing & Patient Care Services must complete the initial credentials verification process prior to entry on duty. All nurses practicing at the Clinical Center will have a current nursing license from any US state, District of Columbia, Territory, or Commonwealth. All nursing assistants at the Clinical Center will have current nursing assistant certification from the State of Maryland. All nursing licenses and Certified Nursing Assistant certifications are verified with the respective state board of nursing. All Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants shall practice according to all NIH, Clinical Center, and Nursing and Patient Care Services policies, procedures, standards of practice, and mandatory/regulatory requirements.

Purpose: To outline the credentials verification process.

Addendum:

- Appendix (1): Credentials Verification
- Appendix (2): Instructions for Completing the Credentials Verification Process – N&PCS Health Care Providers
- Appendix (3): Instructions for Completing the Credentials Verification Process– Extra-departmental Nurses
- Appendix (4): ANSOS Demographics Sheet
- Appendix (5): Background Check
- Appendix (6): Letter of Agreement

References: Maryland Nurse Practice Act, 2003, as applicable
 CC Medical Administrative Series No. M90-5 (rev) May 2, 2001 –
 Credentialing Health Practitioners at the Clinical Center
 CC Nursing & Patient Care Services Policy: Competency Validation (5/00)

Approved:

//s//
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NURSshare: Policies\ Credentials Verification

Appendix (1): Credentials Verification

I. General Considerations:

All Registered Nurses (RN's), Licensed Practical/Vocational Nurses (LPN's), and Certified Nursing Assistants providing patient care at the Clinical Center must have their credentials verified.

II. Definitions:

- A. **Credentials** are documents such as a nursing license or nursing assistant certification, CPR certification, or specialty certification that provide an individual authorization to practice in a certain role.
- B. **Credentials Verification** is a process that collects and verifies the health care provider's credentials. The verification process includes a satisfactory criminal background check at the time of initial employment.

III. Initial Credentials Verification:

- A. Nursing & Patient Care Services Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants:
 - 1. All necessary forms, instructions, and information to complete the credentials verification process are available in the Nursing & Patient Care Services Recruitment Office. Newly hired health care providers must complete the credentials verification process prior to entering on duty (EOD).
 - 2. The newly hired nurse must provide the following documents to the Nurse Recruiter prior to entering on duty:
 - a. Copy of **one** nursing license from any US State, Territory, Commonwealth, Possession, or the District of Columbia.
 - b. Copy of current CPR card for health professionals. CPR must be completed within five (5) business days following EOD. Failure to provide a copy of current CPR certification or verification of successful completion of CPR will result in the nurse not being allowed to work and being placed on AWOL (Absence Without Leave) and suspension of privileges.
 - 3. The newly hired nursing assistant must provide the following documents to the Nurse Recruiter prior to entering on duty:
 - a. Copy of current Nursing Assistant Certification from the state of Maryland.

- b. Copy of current CPR card for health professionals. CPR must be completed within five (5) business days following EOD. Failure to provide a copy of current CPR certification or verification of successful completion of CPR will result in the nursing assistant not being allowed to work and being placed on AWOL (Absence Without Leave).
 - 4. The Nursing & Patient Care Services Recruitment Office will verify the nursing license or nursing assistant certification with the appropriate state board of nursing.
 - 5. The Nursing & Patient Care Services Recruitment Office will forward the following documents to the respective Service Chief's Office: copy of both the nurse's license or nursing assistant's certification and CPR certification, verification of nursing license or nursing assistant certification, ANSOS data sheet, background check documents, curriculum vitae (CV)/resume, and if applicable, a copy of any specialty certification.
 - 6. Each respective Service Chief's Office is responsible for ANSOS entry, entering new employee information into NEDS, and maintaining the personnel files.
- B. Extra-departmental/Institute Nurses
- 1. All extra-departmental/institute nurses are required to have their credentials verified (see Appendix 2). These nurses must provide a copy of their current license and CPR card to the N&PCS Recruitment Office.
- C. Nurse Practitioner or Nurse Anesthetist:
- 1. Final approval to practice as either a nurse practitioner or nurse anesthetist is granted by the Medical Executive Committee (MEC). To obtain privileges to practice as either a nurse practitioner or nurse anesthetist, an application for Adjunct Medical Staff privileges must be completed through the Clinical Center Credentialing Services Office (Building 10, 1N-204).

IV. Updating Credentials Verification Information:

- A. It is the responsibility of all Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants to maintain current licensure or nursing assistant certification and CPR certification at all times in order to prevent interruption in clinical practice.
- 1. Nursing & Patient Care Services' Registered Nurses, Licensed Practice Nurses, and Certified Nursing Assistants are responsible for providing their respective Service Chief Office with the following: a copy of the updated current nursing license or nursing assistant certification **or** license/certification verification print out no later than the last business day prior to the license/certification expiration; and a copy of CPR certification within thirty (30) days after CPR expiration. If the nurse or nursing assistant does not provide evidence of current licensure or certification and/or CPR certification (or verification of successful completion of CPR), he/she will not be allowed to work and will be charged Absence Without Leave (AWOL) and privileges will be suspended.

2. Extra-departmental/institute nurses are responsible for providing the N&PCS Recruitment Office with the following: a copy of the updated current nursing license **or** license verification print out no later than the last business day prior to the license expiration; and a copy of CPR certification at the time of CPR renewal.

V. Medical Record Access

- A. Nurses who care for patients as the sole direct care provider for a specific patient encounter may request medical records be delivered to them in an approved patient care area via the computerized Appointment System (CAS).
- B. Medical Record access is valid as long as the nurse's clinical credentials are maintained.

Appendix (2): Instructions for Completing the Credentials Verification Process

Nursing & Patient Care Services Health Care Providers

Information needed to complete the credentials verification process is provided below. If you have questions concerning the verification process (initial/renewal of license/change in position) contact your Service Chief Office.

I. New employees:

- A. All necessary forms, instructions, and information to complete the credentials verification process are available through the N&PCS Recruitment Office.
- B. Complete the Background Check and Letter of Agreement. Fill in as much information as possible to avoid delay in verifying your credentials. Remember to check **new** on the ANSOS Demographics Sheet. Submit the original documents with original signatures. Also, the following supporting documentation or information should be submitted:
 - 1. Copy of **one** active nursing license from any US State, Territory, Commonwealth, Possession, or District of Columbia **or** copy of Nursing Assistant Certification from state of Maryland.
 - 2. Copy of current CPR card for health professionals.
 - 3. Specialty certification, if applicable.
 - 4. Current biosketch, curriculum vitae (CV) or resume.
 - 5. The position description, statement of duties, or billet explaining your duties.
 - 6. If volunteering, attach volunteer agreement (Volunteer Services – x61807).

II. Submitting the Required Paperwork for Verification:

- A. Submit your paperwork to your Service Chief Office for review and processing.

III. Updating information:

- A. Updating credentials information is required when nurses:
 - 1. renew a license or certification(s);
 - 2. change their name;
 - 3. change job responsibilities and/or position description;
 - 4. change job location, NIH or home mailing address and/or telephone number; and/or
 - 5. change employment status (e.g. termination, transfer, leave of absence).Examples of a transfer include but are not limited to: transfers from one Institute to another, from a Department to an Institute, or from an Institute to a Department.
- B. Forward a copy of your current license or license verification print out to your Service Chief Office no later than the last business day prior to license expiration.
- C. Forward a copy of CPR certification to your Service Chief Office with thirty (30) days of CPR renewal/recertification. Call 496-4111 to schedule CPR.
- D. Complete the ANSOS Demographics Sheet (attached) and return the form to your Service Chief Office if you are reporting a change in your demographics, employment status, or position.
- E. Forward a copy of your new position description to your Service Chief Office whenever there is a change.

Appendix (3): Instructions for Completing the Credentials Verification Process

Extra-Departmental/Institute Nurses

Information needed to complete the credentials verification process is provided below. If you have questions concerning the verification process (initial/renewal of license/change in position) contact the Nursing & Patient Care Services Recruitment Office.

- I. **New employees:**
 - A. All necessary forms, instructions, and information to complete the credentials verification process are available through the N&PCS Recruitment Office.
 - B. Complete the Background Check and Letter of Agreement. Fill in as much information as possible to avoid delay in verifying your credentials. Remember to check **new** on the ANSOS Demographics Sheet. Submit the original documents with original signatures. Also, the following supporting documentation or information should be submitted:
 1. Copy of **one** active nursing license from any US State, Territory, Commonwealth, Possession, or District of Columbia.
 2. Copy of current CPR card for health professionals.
 3. Specialty certification, if applicable.
 4. Current biosketch, curriculum vitae (CV) or resume.
 5. The position description, statement of duties, or billet explaining your duties.
 6. If volunteering, attach volunteer agreement (Volunteer Services – x61807).
- II. **Submitting the Required Paperwork for Verification:**
 - A. Submit your paperwork to the N&PCS Recruitment Office for review and processing.
- III. **Updating information:**
 - A. Updating credentials information is required when nurses:
 1. renew a license or certification(s);
 2. change their name;
 3. change job responsibilities and/or position description;
 4. change job location, NIH or home mailing address and/or telephone number; and/or
 5. change employment status (e.g. termination, transfer, leave of absence).Examples of a transfer include but are not limited to: transfers from one Institute to another, from a Department to an Institute, or from an Institute to a Department.
 - B. Forward a copy of your current license or license verification print out to the N&PCS Recruitment Office no later than the last business day prior to license expiration.
 - C. Forward a copy of CPR certification to the N&PCS Recruitment Office with thirty (30) days of CPR renewal/recertification. Call 496-4111 to schedule CPR.
 - D. Complete the ANSOS Demographics Sheet (attached) and return the form to the N&PCS Recruitment Office if you are reporting a change in your demographics, employment status, or position.
 - E. Forward a copy of your new position description to the N&PCS Recruitment Office whenever there is a change.
- IV. Extra-departmental nurses may request MIS access training and code through the N&PCS Recruitment Office.

Appendix (4): ANSOS Demographics Sheet

National Institutes of Health Clinical Center Nursing & Patient Care Services

ANSOS Demographics Sheet

Update with New Information Only

☐ New Employee

☐ Updated Information

Section I. Check One: ☐ RN ☐ LPN ☐ RSAC ☐ PCT (form for ANSOS entry only) ☐ Other

Last Name	First Name	Middle Initial	Social Security Number
Home Street Address	City	State	Zip Code
Home Telephone Number	Email Address	Pager Number	Fax Number
Nursing Service/ Institute/CC Dept.	Date of Birth (mm/dd/yy)		
Institute Branch/Unit	Location (Building/Room Number	Office Telephone Number	
Position Title	Supervisor Name and Location /Rm.#		Supervisor Telephone Number
Hire/Transfer to CCND Date	Emergency Contact Person & Relationship	Emergency Number	
RN License State	RN License Number	RN License Expiration Date	
CRNP/CRNA/CNM License State	CRNP/CRNA/CNM License Number	CRNP/CRNA Expiration Date	
Professional Credentials (RN, MSN, CRNP, etc.)	Highest Level of Nursing Education	Highest Education	
Nursing School	CRNP/CRNA/CNM Adjunct Privileges Expiration Date:	CPR Expiration Date	If Expired-CPR class schedule date
Grade/Step (T42/band I/II/III, GS-11/4, CORP/ 02, 03 etc.)	FTE (# of hours in 2 wk/pp)		Qualification Code (office use only)
Are you a member of a contract? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes specify name		Are you a volunteer? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes attach Volunteer Agreement	
Do you hold specialty certification? If yes attach copy. <input type="checkbox"/> No <input type="checkbox"/> Yes		Specify certification	
Medical Information System (MIS) CODE Request <input type="checkbox"/> None Required <input type="checkbox"/> R N <input type="checkbox"/> LPN <input type="checkbox"/> NP <input type="checkbox"/> Retrieval Only <input type="checkbox"/> Other (Specify) <input type="checkbox"/> RSAC <input type="checkbox"/> PCT <input type="checkbox"/> Have MIS Code		Medical Records Access Request (if applicable, i.e.-as Sole Care Provider /OP/DH requirements) <input type="checkbox"/> No <input type="checkbox"/> Yes	
The following competency information must be completed within 45 days of hire			
Clinical Center Competency Date:	Mandatory Reviews (De`Medici) Date:	Diversity Date:	Code Blue Competency Date:
IV Competency Date	Blood Competency Date:	Medication Competency Date	Age Appropriate Competency Date (for patient care givers)
Conscious Sedation Competency Date (if applicable)	Sexual Harassment Prevention Training Date:		
(Updates Only) Date Of Nurse Credentials Verification: Since your credentials were last verified, has your position description or job duties changed? If yes, attach a current copy of new position description or job duties. <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you current in mandatory training? If NOT, complete program on the web http://internal.cc.nih.gov/tnav20) When completed, hold control, push P key to print report to submit with packet	

Appendix (5): Background Check

Section II. *Health Status: Check A or B*

- ☐ A. I certify that, to the best to my knowledge, I am in good health and have no physical or mental limitations that would prevent my performance of the clinical duties/credentialing I have requested.
- ☐ B. I have a physical and/or mental limitation(s) to my health but, to the best of my knowledge, I believe that my ability to proficiently perform the clinical duties and responsibilities I have requested will not be impaired. A full statement of explanation regarding my limitation(s), including the name and address of my personal physician, is attached.

Section III. *Adverse Occurrences: (Please attach a full statement of explanation of each Yes response)* Throughout your career:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Have you ever had your professional license subjected to reprimand, suspended, or revoked? |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Have you ever voluntarily surrendered your professional license to practice under any circumstances other than expiration? |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Has any hospital or other medical organization refused to grant you clinical privileges? |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Has any hospital or other medical organization restricted, suspended, reduced or revoked your clinical privileges? |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Have you ever voluntarily surrendered your clinical privileges at any hospital or medical organization? |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Have you ever been subjected to disciplinary action by a hospital, state board of nursing, or other health care or nursing organization? |
| <input type="checkbox"/> | <input type="checkbox"/> | G. Have you ever paid a judgment or settlement, or had one paid for you as a result of a malpractice or professional liability legal action brought against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | H. Do you have any knowledge of a pending malpractice, professional liability or licensure/registration action which involves you in any manner? |
| <input type="checkbox"/> | <input type="checkbox"/> | I. Have you ever been arrested for, charged with or convicted of a misdemeanor or felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | J. Are you currently charged for any violation of the law? |
| <input type="checkbox"/> | <input type="checkbox"/> | K. Have you ever been arrested for or charged with a crime involving a child? |
| <input type="checkbox"/> | <input type="checkbox"/> | L. Have you ever had your professional liability insurance declined, non-renewed, canceled, or restricted? |
| <input type="checkbox"/> | <input type="checkbox"/> | M. Have you ever been charged with a violation of the Anti-Narcotic (Harrison) Act or of a State Law pertaining to controlled substances or alcohol? |
| <input type="checkbox"/> | <input type="checkbox"/> | N. Have you been involved in any adverse or disciplinary action? |

I certify that the above statements/documentation that I have made/provided are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I fully understand that a false answer to any question or misrepresentation of information otherwise provided, may constitute grounds for denial/revocation of my ability to practice nursing at the Clinical Center and may be punishable by fine or imprisonment (per US Code, Title 18, Section 1001)

Signature

Date

Appendix (6): Letter of Agreement

Section IV.

For the purpose of credentials verification, I hereby authorize the hospital, its Nursing & Patient Care Services staff and their representatives to consult with administrators and members of other hospital or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my professional competence, character and ethical qualifications.

I fully understand that the Clinical Center, its Nursing & Patient Care Services and their representatives may validate my professional credentials by consulting with State Boards of Nursing, Schools of Nursing, and/or Nursing Associations.

I hereby further consent to the inspection by the hospital, its Nursing & Patient Care Services staff, and their representatives of all records and documents, including medical records at other hospitals, that may be material to an evaluation of my professional qualifications. I hereby release from liability all representatives of the Clinical Center and its Nursing Staff for their acts performed in good faith and without malice in connection with evaluation of my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to the hospital, or its Nursing Staff in good faith and without malice concerning my professional ethics, competence, character and qualifications for clinical privileges, and I hereby consent to the release of such information. I understand that I will be notified if such records are required for review during the credentialing process.

I understand that the Clinical Center, NIH, may conduct a criminal history background check upon hire and understand that I have the right to challenge the accuracy and completeness of any information contained therein.

I hereby further authorize and consent to the release of information by this hospital, or its Nursing staff, to other hospitals or their staff, and associations on request regarding any information the hospital and Nursing & Patient Care Services may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability this hospital and its Nursing & Patient Care Services for so doing.

I agree to subject my clinical performance to, and faithfully participate in, the Clinical Center's performance improvement programs, and I agree to hold members of the Nursing & Patient Care Services and other authorized representatives of the Clinical Center engaged in these performance improvement activities free from liability for their actions performed in good faith.

Signature

Date

Printed Name